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**APPLICANTS**

Pekka Juhana Pihlaja, Helsinki, FINLAND;

**\*\* CONTINUING DATA \*\*\*\*\****No / HJ***\*\* FOREIGN APPLICATIONS \*\*\*\*\****No / HJ***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/03/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FINLAND	SHEETS DRAWING 6	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Signature <i>HJ</i>		Initials					

**ADDRESS**

22907

**TITLE**

Form factor for portable device

FILING FEE RECEIVED 1640	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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